

FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

**IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF MISSISSIPPI**

COMPLAINT

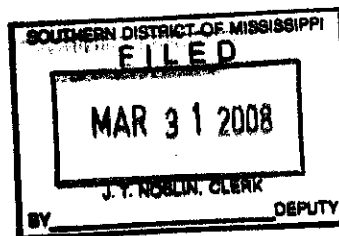
Bates # 43349
(Last Name) (Identification Number)

Earl
(First Name) (Middle Name)

SMCI # P.O. Box 1419
(Institution)

Leakesville, Ms. 39451
(Address)

(Enter above the full name of the plaintiff, prisoner, and address
plaintiff in this action)



CIVIL ACTION NUMBER: 3:08cv 203 H TW-LRA
(to be completed by the Court)

Christopher Epps,
Commissioner MDOC. John Doe
American Correctional Association
GT Enterprise of MS INC.
(Enter above the full name of the defendant or defendants in this action)

OTHER LAWSUITS FILED BY PLAINTIFF**NOTICE AND WARNING:**

The plaintiff must fully complete the following questions. Failure to do so may result in your case being dismissed.

- A. Have you ever filed any other lawsuits in a court of the United States? Yes () No (☒)
- B. If your answer to A is yes, complete the following information for each and every civil action and appeal filed by you. (If there is more than one action, complete the following information for the additional actions on the reverse side of this page or additional sheets of paper.)
- Parties to the action: _____
 - Court (if federal court, name the district; if state court, name the county): _____
 - Docket Number: _____
 - Name of judge to whom case was assigned: _____
 - Disposition (for example: was the case dismissed? If so, what grounds? Was it appealed? Is it still pending?): _____

PARTIES

(In item I below, place your name and prisoner number in the first blank and place your present address in the second blank. Do the same for additional plaintiff, if any).

I. Name of plaintiff: Earl Bates Prisoner Number: No: 43349
 Address: S.M.C.I. II P.O. Box 1419
Leakesville, Mississippi, 39451

(In item II below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use the space below item II for the names, positions, and places of employment of any additional defendants.)

II. Defendant: CHRISTOPHER Epps is employed as
Commissioner at Mississippi
Department of Corrections

The plaintiff is responsible for providing the court the name and address of each plaintiff(s) as well as the name(s) and address(es) of each defendant(s). Therefore, the plaintiff is required to complete the portion below:

PLAINTIFF:

NAME: Earl Bates ADDRESS: S M C I II P.O. Box 1419
Leakesville, Mississippi. 39451

DEFENDANT(S):

NAME: <u>Christopher Epps</u>	ADDRESS: <u>723 North President St, Jackson ms. 39202</u>
<u>John Doe</u>	
<u>ACA Accreditation</u>	<u>438 Forbes Blvd. Lanham Maryland 20706</u>
<u>ACA Accreditation</u>	<u>723 North President St. Jackson, ms. 39202</u>
<u>GT ENTERPRISE of MS INS</u>	<u>P.O. Box 1779 BRANDT, MS. 39043</u>
<u>GT ENTERPRISE of MS INS</u>	<u>723 North President St. Jackson. ms</u>
<u>A Vendor of MDOC</u>	<u>39202</u>

GENERAL INFORMATION

A. At the time of the incident complained of in this complaint, were you incarcerated because you had been convicted of a crime?

Yes (☒) No (☐)

B. Are you presently incarcerated for a parole or probation violation?

Yes (☐) No (☒)

C. At the time of the incident complained of in this complaint, were you an inmate of the Mississippi Department of Corrections (MDOC)?

Yes (☒) No (☐)

D. Are you currently an inmate of the Mississippi Department of Corrections (MDOC)?

Yes (☒) No (☐)

E. Have you completed the Administrative Remedy Program regarding the claims presented in this complaint?

Yes (☒) No (☐), if so, state the results of the procedure: first Step Denied. Second Step Denied. Third Step still pending, Since 10-31-07 - 10 Now 3-24-08 No Respond

F. If you are not an inmate of the Mississippi Department of Corrections, answer the following questions:

1. Did you present the facts relating to your complaint to the administrative or grievance procedure in your institution?

Yes (☐) No (☐)

2. State how your claims were presented (written request, verbal request, request for forms): _____

3. State the date your claims were presented: _____

4. State the result of the procedure: _____

STATEMENT OF CLAIM

III. State here as briefly as possible the facts of your case. Describe how each defendant is involved. Also, include the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of different claims, number and set forth each claim in a separate paragraph. (Use as much space as you need; attach extra sheet if necessary.)

- (1) Christopher Epps, MDOC Commissioner, Responsible for personal injuries AND Damages plaintiff Have sustained. Violations of Medical Negligent. Violations of constitutional Rights the First and Eight Amen
- (2) ACA STANDARDS. Violating There 50 tax exempt Statutes Defendants Violate All standards under there (Accreditation) on Smoking, Administrative Remedy program, Access to Courts. Access to the Law Library AND illegal mail procedures on Legal mail. Violations of constitutional Rights the First and Eight Amendment
- (3) GT ENTERPRISE A VENDOR of MDOC. Violates All Laws that protect plaintiffs Health in regards to Smoking in Housing units.

RELIEF

IV. State what relief you seek from the court. Make no legal arguments. Cite no cases or statutes.

Plaintiff pray for A EMERGENCY Stop All Smoking in inmate Housing unit.
 \$ 500.000 for Actual Damages.
 \$ 5.000.000 for punitive Damages.
 AND All cost of this Litigation to go to Defendants.

Signed this 27th day of March, 20 08

Earl Bates #43349

SMCI P.O. Box 1419 Leakesville, MS

Signature of plaintiff, prisoner number and address of plaintiff

I declare under penalty of perjury that the foregoing is true and correct.

3/27/08
 (Date)

Earl Bates
 Signature of plaintiff